



State of New Hampshire
Department of Environmental Services



Application for Lead Abatement Worker

APPLICATION FOR CERTIFICATION

Type or print clearly in **INK**; attach all required documentation; and sign the application. All sections of the application must be filled in. The signature must be in ink. Photocopies of the signed form are NOT acceptable.

SECTION I
APPLICANT INFORMATION

1. Name: _____
Last First M I
2. Other names under which you have performed abatement: _____
3. Date of Birth: _____ Social Security Number: _____
(For Identification Purposes Only)
4. Address: _____
Street City/Town State Zip
5. Mailing Address (If different from above) _____
6. Phone: _____

SECTION II
EMPLOYER INFORMATION

7. Corporation or Firm Name: _____
8. Address: _____
Street City/Town State Zip
9. Mailing Address (If different from above) _____
10. Phone: _____

SECTION III
LICENSING HISTORY

YES NO

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Have you previously applied for a lead abatement worker certificate in the State of New Hampshire? If "Yes", please give:

Date of last application: _____

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Have you ever held a New Hampshire lead abatement worker certification?

If "Yes", please list:

Date of last certification: _____

Certification number: _____

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Are you licensed, certified or permitted as a lead abatement worker in any state other than New Hampshire? If "Yes", please list:

STATE	CERTIFICATION DATE	CERTIFICATION NUMBER

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Are there any pending or complete state, federal or local enforcement actions (i.e. Notice of Violation, Administrative Orders, Consent Decrees, Notice of Permit Revocation or Denial, or Civil or Criminal Actions) against you which resulted from lead base substance abatement activities within the past 10 years? If "Yes", please explain:

SECTION IV
TRAINING INFORMATION

Please complete the section below and attach documentation of the certified lead abatement training courses you have completed.

Course Title	Training Provider	Date of Completion	Exam Grade

SECTION V
CHECKLIST OF REQUIRED DOCUMENTATION

- ☐ 1.) Certificates or other documents which have been issued and certified as accurate by the training provider for all lead training courses listed above.
- ☐ 2.) A current, clear, and unstapled color photograph of yourself (such as passport photograph) with your name clearly printed on the back of the photograph; or an electronic image in a format that is compatible with the department's current licensing equipment.
- ☐ 3.) If you are seeking licensure under the reciprocity provisions of He-P 1603.02: Originals or photocopies of licenses, certificates or other documents which have been issued and certified as accurate by another state or jurisdiction.

SECTION VI
STATEMENT OF COMPLIANCE

You must read, or have read to you, the following statement and sign on the line provided:

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Act and Rules and meet the qualifications for receiving certification. I further certify that this application is prepared in conformity with the New Hampshire Rules for Lead Control (He-P 1603.03) and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

APPLICANT'S

SIGNATURE: _____ DATE _____

SECTION VII
MAILING INSTRUCTIONS

Send completed application to:

New Hampshire Department of Environmental Services
Bureau of Environmental & Occupational Health
P.O. Box 95
29 Hazen Drive
Concord, NH 03302-0095
ATTN: Marjorie Yin
Phone: 603-271-4555

***DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE OF \$50.00
AS SPECIFIED IN He-P 1603.04(b)(1)***

***CHECKS AND/OR MONEY ORDERS MUST BE MADE PAYABLE TO:
"TREASURER , STATE OF NEW HAMPSHIRE"***

my/app-worker.doc 08/29/04